

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 807

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield township)		c. LENGTH OF STAY (in this place) 33 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		d. STREET ADDRESS 741 S. Weller	
d. FULL NAME OF HOSPITAL OR INSTITUTION 741 S. Weller				d. STREET ADDRESS 741 S. Weller			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Donohue c. (Last) Donohue				4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 13 1875	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired boiler inspector B&O R.R.		11. BIRTHPLACE (State or foreign country) Marysville, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Donohue		13b. MOTHER'S MAIDEN NAME Ellen Daily		14. NAME OF HUSBAND OR WIFE Mary Donohue			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Donohue ADDRESS Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 1949 , to 1/22 , 1951 , that I last saw the deceased alive on 1/21 , 1951 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Lemmon - M.D. (Degree or title)				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 1/22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/51		24c. NAME OF CEMETERY OR CREMATORY St. Mary Cem.		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 1-23-51		REGISTRAR'S SIGNATURE W. E. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer ADDRESS Springfield, Mo.			

JAN 29 1951

FEB 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4734

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.